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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

		— 11010	ila, ivi i	33020-23	01					
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SC	HOOL BUS TR	ANSPORTATI	ON:	
This clain	n is for the	period beginning	g		,	20 and	ending		, 20	<u>.</u> .
			n	nonth	day			month	day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	olete and a	accurate to the	e best of my kno	owledge.				
Date			Signatur	e, Chair, Board	d of Trustees					
County:			District:					Distri	ct Level:	
44 Rosel	bud		0790	Forsyth 1	Elem			Ele	mentary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	S	Bus Driver's Social Security #
76	4	1		97.7	1.15	53	01/04/05			
57	4	2		104.8	1.57	72	01/04/05	'		
82	4	3		63.2	1.57	72	01/04/05	<u> </u>		
76	4	4		121.2	1.57	72	01/04/05	<u></u>		
67	4	5		59.8	1.80	84	01/04/05			
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DATES

	nere	ila, ivi i	33020-23	01						
	February 1	nty Superin					o County	Superinter		
ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	T FOR S	SCHOOL	L BUS TRA	NSPORT	ATION:	
n is for the	period beginning	g		,	20 aı	nd ending _			, 20_	•
		n	nonth	day			m	onth	day	
ICATIO	N:									
mation on	this form is comp	olete and a	accurate to th	e best of my kn	owledge.					
		Signatur	e, Chair, Board	d of Trustees						
		District:							District Level:	
bud		0791	Forsyth 1	H S					High Sch	ool
District #	Route #		Miles Per Day	Rate Per Mile	Capaci	ty	Inspection			Bus Driver's Social Security #
4	1		97.7	1.15	53		01/04/05			
4	2		104.8	1.57	72		01/04/05			_
4	3		63.2	1.57	72		01/04/05			
4	4		121.2	1.57	72		01/04/05			
4	5		59.8	1.80	84		01/04/05			
	ETE THE IS OF TH	February 1 February 1 February 1 ETE THIS CLAIM FO In is for the period beginning ICATION: mation on this form is comp District # # 4	First Se February 1 to Cour February 15 to Sta ETE THIS CLAIM FOR STA In is for the period beginning ICATION: Mation on this form is complete and a signature District: Boud District: Route # 4 4 1 4 2 4 3 4 4 3 4	First Semester February 1 to County Superint February 15 to State Superint ETE THIS CLAIM FOR STATE REIME In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN in is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR Some is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL In is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAIN is for the period beginning	First Semester Second May 10 to County May 24 to State State	First Semester February 1 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent May 24 to State Superintendent February 15 to State Superintendent May 24 to State Superintendent May 24 to State Superintendent February 15 to State Superintendent May 24 to State Superintendent May 24 to State Superintendent February 15 to State Superintendent May 10 to County Superinter May 24 to State Superintendent May 10 to County Superinter May 10 to State Superintendent May 10 to State Superinter May 10 to State Superintendent May 10 to State Superin

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

		— Helei	ia, Wi i 59020-25	01					
DUE DATES:		February 1 t	First Semester o County Superin to State Superint			Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STATE REIME	BURSEMEN	T FOR SCH	OOL BUS TRAI	NSPORTATION:		
This clain	n is for the	period beginning		,	20 and en	ding	,2	20	
			month	day		m	onth da	y	
CERTIF	ICATIO	N:							
The infor	mation on	this form is comple	ete and accurate to the	e best of my kn	owledge.				
Date			Signature, Chair, Board	d of Trustees					
County:			District:				District Lev	vel:	
44 Rosel	bud	I	0792 Lame De	er Elem		Elementary			
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
81	6	1	87.4	1.57	72	01/25/05			
60	6	2	124.6	1.80	84	01/25/05			
50	6	3	90	1.57	78	None			
18	6	4	124.4	1.80	84	01/25/05			
100	6	5	10	0.95	24	01/25/05			
45	6	6	20	0.95	24	01/25/05			

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

DUE
DATES

	Helena, MT 59620-2501							·		
DUE DATES:		February 1 February 15	to Cou				•	Second Semes 0 to County Super 4 to State Superin	rintende	nt
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	T FOR SC	HOOL BUS TE	RANSPORTATIO	N:	
This clain	n is for the	period beginning			,	20 and e	nding		, 20	.•
			1	month	day			month	day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kno	owledge.				
Date			Signatur	re, Chair, Board	d of Trustees					
County:			District:	:			District Level:			
44 Rosel	osebud 0794 Rosebud Elem							Elem	entary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	S	Bus Driver's Social Security #
74	12	Cartersvil	le	87.6	1.57	71	12/21/04			
74	12	Cartersville	eA	71.3	1.57	71	12/21/04			
92	12	Hathawa	y	64	0.95	22	12/21/04			
60	12	rosebud cre	ek	89.2	0.95	35	12/21/04			
60	12	Rosebud Cre	ekA	98.8	0.95	35	12/21/04			
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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

		- Helelia,	WII 39020-23	U I				
DUE DATES:		Firs February 1 to C February 15 to	• •			•	Second Semester County Superin State Superinter	tendent
COMPLI	ETE TH	IS CLAIM FOR S	TATE REIMI	BURSEMEN	T FOR SCI	HOOL BUS TRAI	NSPORTATION:	
This clain	n is for the	period beginning		,	20 and e	nding	,	20
			month	day		m	onth da	y
CERTIF	ICATIO	N:						
The infor	mation on	this form is complete a	and accurate to th	e best of my kn	owledge.			
Date		Sign	nature, Chair, Boar	d of Trustees				
County:		Dist	rict:				District Lev	vel:
44 Rosel	Rosebud 0795 Rosebud H S						High So	chool
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
26	12	Cartersville	87.6	1.57	71	12/21/04		
26	12	CartersvilleA	71.3	1.57	71	12/21/04		
8	12	Hathaway	64	0.95	22	12/21/04		
40	12	rosebud creek	89.2	0.95	35	12/21/04		
40	12	Rosebud CreekA	98.8	0.95	35	12/21/04		
			*	•				

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
ETE TH	IS CLAIM FO	R STA	TE REIMB	URSEMEN	T FOR SC	CHOOL B	US TRA	NSPORTATION	:	
n is for the	period beginning	S		,	20 and	ending			, 20	
		:	month	day			n	nonth c	lay	
ICATIO	N:									
mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
		Signatu	re, Chair, Board	l of Trustees						
		District	:					District L	evel:	_
bud		0796 Colstrip Elem				Elementary				
District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Insp	ection	Days Operated	Bus Driver's Social Security #	
19	1		63.3	1.36	65	12/	27/04		_	
19	10		96.4	1.80	84	12/	27/04			
19	3		22	1.80	84	12/	27/04			
19	4		119.6	0.95	40	12/	27/04			
19	5		22.9	1.80	84	12/	27/04			_
19	9		193.4	1.80	84	12/	27/04			_
	ETE THE In is for the ICATIO mation on District # 19 19 19 19 19	February 1 February 15 February 15 FETE THIS CLAIM FO In is for the period beginning ICATION: mation on this form is comp bud District # Route # 19 1 19 10 19 3 19 4 19 5	February 1 to Cour February 15 to Sta	February 1 to County Superint February 15 to State Superint ETE THIS CLAIM FOR STATE REIME In is for the period beginning	February 1 to County Superintendent	February 1 to County Superintendent February 15 to State Superintendent	February 1 to County Superintendent February 15 to State Superintendent	February 1 to County Superintendent May 10 to February 15 to State Superintendent May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSING	February 1 to County Superintendent May 10 to County Superintendent May 24 to State Superintendent May 24 to State Superintendent	February 1 to County Superintendent May 10 to County Superintendent May 24 to State Superintendent May 24 to State Superintendent May 24 to State Superintendent

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:		February 1	to Cou	emester inty Superinate Superint				-	Second So o County S o State Sup	uperint	tendent
COMPLI	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SC	СНО	OL BUS TRA	NSPORTA	TION:	
This clain	n is for the	period beginning			,	20 and	endi	ng		, 2	20
				month	day			n	nonth	da	y
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	ıre, Chair, Board	d of Trustees						
County:			District						D	istrict Lev	ze l :
·											
44 Rosel			0797		1					igh So	
Percentage	District #	Route #		Miles Per Dav	Rate Per Mile	Capacity	,	Inspection	Days Operat		Bus Driver's Social Security #
24	19	1		63.3	1.36	65	1	12/27/04			
28	19	10		96.4	1.80	84		12/27/04			
100	19	11		72	1.80	84		12/27/04			
5	19	3		22	1.80	84		12/27/04			
30	19	4		119.6	0.95	40		12/27/04			
21	19	5		22.9	1.80	84		12/27/04			
7	19	9		193 4	1.80	84		12/27/04	-		

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School District Claim for State Reimbursement for School Bus Transportation

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istrict	
ounty	

DUE DATES:	DUE February 1 to County Superintendent DATES: February 15 to State Superintendent					Second May 10 to County May 24 to State S	•	
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:								
This claim is for the period beginning								
		month	day			month	day	
CERTIFI	CATION:							
The inform	nation on this form is comp	plete and accurate to t	he best of my k	nowledg	е.			
Date		Signature, Chair, Boa	rd of Trustees					
County:		District:	_		_		District Level:	

0800 Ashland Elem 44 Rosebud **Elementary** District Route Miles Rate Days **Bus Driver's** Percentage Per Day Per Mile Capacity Inspection Operated Social Security # 100 32J Otter Creek 82 0.95 30 01/05/05100 32J Tongue River 46.2 0.95 41 01/05/05

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	— пен	ila, Wii 59020-23	וטכו				
DUE DATES:	February 1	First Semester to County Superi 5 to State Superin			Second May 10 to County May 24 to State S	•	
COMPLE	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:						
This claim is for the period beginning							
CERTIFI	CATION:						
The inform	nation on this form is comp	olete and accurate to the	he best of my know	ledge.			
Date		Signature, Chair, Boa	rd of Trustees				
County:		District:	•	•		District Level:	•

44 Rosel	bud		1230 Lame De	eer H S	High School			
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
19	6	1	87.4	1.57	72	01/25/05		
40	6	2	124.6	1.80	84	01/25/05		
50	6	3	90	1.57	78	None		
82	6	4	124.4	1.80	84	01/25/05		
55	6	6	20	0.95	24	01/25/05		
100	6	7	31.6	1.57	72	01/31/05		